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CONFIRMATION NO. 6145

<b>SERIAL NUMBER</b> 10/685,737	<b>FILING OR 371(c) DATE</b> 10/15/2003 <b>RULE</b>	<b>CLASS</b> 702	<b>GROUP ART UNIT</b> 1631	<b>ATTORNEY DOCKET NO.</b> 97,022-D1-CO
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/352,171 07/12/1999 PAT 6,759,206 which claims benefit of 60/092,671 07/13/1998  
and is a CIP of 08/810,983 02/27/1997 PAT 5,989,835

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 01/30/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 30	<b>TOTAL CLAIMS</b> 4	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

20306

**TITLE**

SYSTEM FOR CELL-BASED SCREENING

<b>FILING FEE RECEIVED</b> 685	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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